

U.S. Department of Justice  
United States Marshals Service

## PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF	Barbara Serowik-Urbas 151-60-6315	COURT CASE NUMBER	2:17-cv-13039-KM-JBC
DEFENDANT	John Vasilie, M.D. - Cabrini Hospital NY - Neurologist.	TYPE OF PROCESS	28 U.S.C. 1915 17-13039

SERVE ➔	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	John Vasilie, MD (John Vasilie)
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	Cabrini Hospital NY - Neurologist - work

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Barbara Urbas  
1174 Polifly Rd, F-7  
Hackensack N.J. 07601

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service):

② Gelman and Gelman - and 100 doctors are in law suits. 25 years in law suits. BU.  
One Broadway (Route 4) Elmwood Park N.Y. 07407  
(201) 794-3131  
The doctor John Vasilie did EEG with polovoid needle not fully sterilized after meningitis patient. He infected me and I developed more ill. He also damage my nerve. 1983 BU.

Signature of Attorney or other Originator requesting service on behalf of:

☐ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

## SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 50	District to Serve No. 50	Signature of Authorized USMS Deputy or Clerk CR	Date 1-24-
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

Date of Service	Time	am
	2-1-17	pm

Signature of U.S. Marshal or Deputy

CR.

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:

NEW YORK RETURN UNEXECUTED NO ADDRESS ON FORM  
 & Printed a copy of article of Cabrini, not in Business

See Back. ↘

PLAINTIFF	Barbara Serowik-Urbas	COURT CASE NUMBER	2117-CV-13039-KM-JBC
DEFENDANT	R. Petyn, M.D. - Wallington / E Rutherford <i>Enterlist 42 Locust Ave office N.Y. - home</i>	TYPE OF PROCESS	28 U.S.C. 1915 17-13039

SERVE ➡	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN
	R Petyn, M.D.
AT	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)
	42 Locust Ave Wallington N.J. 07057-office

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Barbara Urbas  
174 Polifly Rd, F-7  
Hackensack N.Y. 07601

Number of process to be served with this Form - 285	2018 JAN 24 PM 2
Number of parties to be served in this case	REMARK: N.J. 07
Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service):

①, ② Goldstein, Bullen, D'Route, Wildstein  
Gelman and Gelman - lawyers and other lawyers judges and others  
Koplikouras and 155 Hudson St, Hackensack N.Y. 07601 and others  
The doctor R. Petyn, MD damage my head and harassing  
us with false. He also collect fraud and harassing us  
til now and molesting us with others. Bu  
All family got hurt and suffering a lot in total lost. Bu.

Signature of Attorney or other Originator requesting service on behalf of:	<input type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
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SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. 50	District to Serve No. 50	Signature of Authorized USMS Deputy or Clerk CR	Date 1-24-18
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service 2/7/18 Time am pm
	Signature of U.S. Marshal or Deputy

Service Fee 65	Total Mileage Charges (including endeavors) 11.77	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:  
2/7/18- No One by that name at that address, Office Building

PLAINTIFF **Barbara Serowik - Urbas - 151-60615**  
DEFENDANT **B. Filipczak, MD. Passaic N.Y. Family part**  
COURT CASE NUMBER **2:17-cv-13039-KH-JBC**  
TYPE OF PROCESS **28 U.S.C 1915**  
**17-13039**

SERVE **B Filipczak, MD**  
NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)  
**400 Passaic Str, N.Y. 07055 - office and home**

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

**Barbara Urbas**  
**174 Polifly Rd, F-7**  
**Hackensack N.Y. 07601**

Number of process to be served with this Form - 285

Number of parties to be served in this case

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):  
**Goldstain, Ballen, O'Rourke, Wildstein PA 22-1934470 - Federal Employees No 473-1113**  
**One Howe Ave, Passaic, N.Y. 07055 and Robert Sirota Paul Schwartz**  
**After Injury at work 9/22/81 Electro-Scan INC - Garfield N.Y. now Wayne.**  
**Tomas Electronics - Wayne - my L-foot was damage by**  
**adhesive elastic wrap that doctor B. Filipczak apply for 5 weeks.**  
**The bones was damage and nerve, arteri, pedis I developed malignancy in L-foot**

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF  
☐ DEFENDANT

TELEPHONE NUMBER

DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <b>D</b>	District to Serve No. _____	Signature of Authorized USMS Deputy or Clerk <b>C R</b>	Date <b>1-24-18</b>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <b>2/7/18</b> Time am pm
	Signature of U.S. Marshal or Deputy <b>[Signature]</b>

Service Fee <b>65</b>	Total Mileage Charges (including endeavors) <b>11.77</b>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS:  
**2/7/18 - That address belongs to 2 Crecent Ave. I spoke w/ Donna Rabinowitz who stated she has lived there for 19 years and there has never been anyone by that name there.**



U.S. Department of Justice  
United States Marshals Service

PROCESS RECEIPT AND RETURN  
See Instructions for "Service of Process by the U.S. Marshal"  
on the reverse of this form.

PLAINTIFF Barbara Gerowik-Urbas - 151-60-6315 COURT CASE NUMBER 2:17-cv-13039-KM-JBC

DEFENDANT A. Palmeri, M.D. - N.Y. - Clifton 07015 - gynecology TYPE OF PROCESS 28 U.S.C. 1915  
17-13039

SERVE NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

AT A. Palmeri, M.D.  
ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

0111 Chelsea Rd, Clifton N.J. 07015 - office

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Barbara Urbas  
174 Polifly Rd, F-7  
Hackensack N.J. 07601

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

① Goldstein, Balien, O'Rourke, Wildstein PA.  
② Gelman, Gelman, Lawyers - and other lawyers.  
The doctor A. Palmeri M.D. cut my bladder during  
2-second C-section in St Mary's hospital - Passaic N.J. 07655  
I also developed infection to my whole body - 1984  
All doctors collect fraud and harassing us.

Signature of Attorney or other Originator requesting service on behalf of: ☐ PLAINTIFF ☐ DEFENDANT TELEPHONE NUMBER DATE

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process	District of Origin No. <u>52</u>	District to Serve No. <u>50</u>	Signature of Authorized USMS Deputy or Clerk <u>C.R.</u>	Date <u>1-24-18</u>
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☒ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)	<input type="checkbox"/> A person of suitable age and discretion then residing in the defendant's usual place of abode.
Address (complete only if different than shown above)	Date of Service <u>2/7/18</u> Time <u>pm</u>
	Signature of U.S. Marshal or Deputy <u>[Signature]</u>

Service Fee <u>105</u>	Total Mileage Charges (including endeavors) <u>11.77</u>	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
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REMARKS: - 2/7/18 - Endow made - no answer at door - space looks empty

17-cv-13039 ①

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**BARBARA URBAS,**  
*Plaintiff*

V.

**SUMMONS IN A CIVIL CASE**

**B. FILIPCZAK, M.D., ET AL.,**  
*Defendant*

**CASE NUMBER: 2:17-CV-13039-KM-JBC**

TO: *(Name and address of Defendant):*

B. Filipczak MD  
400 Passaic Street  
Passaic NJ 07055  
(Office & Home)

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**WILLIAM T. WALSH**

CLERK

**Donato Marucci**

(By) DEPUTY CLERK



ISSUED ON 2018-01-25 16:19:04, Clerk  
USDC NJD

2018 JAN 26 AM 9:57  
RECEIVED  
CLERK'S OFFICE

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**BARBARA URBAS,**  
*Plaintiff*

V.

**SUMMONS IN A CIVIL CASE**

**B. FILIPCZAK, M.D., ET AL.,**  
*Defendant*

**CASE NUMBER: 2:17-CV-13039-KM-JBC**

TO: *(Name and address of Defendant):*

A. Palmeri MD  
111 Chelsea Rd  
Clifton, NJ 07015

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received it) — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**WILLIAM T. WALSH**

CLERK

**Donato Marucci**

(By) DEPUTY CLERK



ISSUED ON 2018-01-25 16:19:04, Clerk  
USDC NJD

2018 JUN 26 AM 9:57  
RECEIVED  
U.S. DISTRICT COURT  
NEWARK, N.J. 07102

**UNITED STATES DISTRICT COURT**  
**DISTRICT OF NEW JERSEY**

**BARBARA URBAS,**  
*Plaintiff*

V.

**SUMMONS IN A CIVIL CASE**

**B. FILIPCZAK, M.D., ET AL.,**  
*Defendant*

CASE NUMBER: **2:17-CV-13039-KM-JBC**

TO: *(Name and address of Defendant):*

R. Petyn MD  
42 Locust Ave.  
Wallington NJ 07057

A lawsuit has been filed against you.

Within 21 days after service of this summons on you (not counting the day you received — or 60 days if you are the United States or a United States Agency, or an office or employee of the United States described in Fed. R. civ. P. 12 (a)(2) or (3) — you must serve on the plaintiff an answer to the attached complaint or a motion under rule 12 of the Federal Rules of Civil Procedure. The answer or motion must be served on the plaintiff or plaintiff's attorney, whose name and address are:

If you fail to respond, judgment by default will be entered against you for the relief demanded in the complaint. You also must file your answer or motion with the court.

**WILLIAM T. WALSH**

CLERK

**Donato Marucci**

(By) DEPUTY CLERK



ISSUED ON 2018-01-25 16:19:04, Clerk  
USDC NJD